



Client Profile

Name _____ Date of Birth _____

Address _____ Email _____

City _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

Do you exercise regularly? YES NO

If yes, what types of activity or movement do you enjoy? _____

Do you have any Pilates, Yoga, Body Rolling (YBR), or Barre experience? YES NO

If yes, where and how long have you been practicing the method? _____

What do you hope to achieve with the Pilates, Yoga, T'ai Chi, or Barre method of exercise? _____

Are you currently receiving care from a physical therapist, massage therapist, chiropractor, acupuncturist, or other bodywork professional? YES NO

If yes, please list _____

Are you pregnant? YES NO

Are you a regular smoker? YES NO

Have you recently given birth? YES NO

M2M Studio

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